

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # G77102

1. Entity Name

I. RICHARDSON LESTER, D.D.S., P.A.

FILED
Apr 27, 2000 8:00 am
Secretary of State

04-27-2000 90006 009 ***150.00

Principal Place of Business

101 CANNON CT. W
PONTE VEDRA BEACH FL 32082
US

Mailing Address

101 CANNON CT. W
PONTE VEDRA BEACH FL 32082-3954
US

2. Principal Place of Business

10 SEMINOLE LANDING
Suite, Apt. #, etc.

3. Mailing Address

10 SEMINOLE LANDING
Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State

ATLANTIC BEACH FL

City & State

ATLANTIC BEACH FL

4. FEI Number

59-2358351

Applied For

Not Applicable

Zip

32233

Country

DAVAL

Zip

32233

Country

DAVAL

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

LESTER, I. RICHARDSON
3705 DOCTORS LAKE DR
ORANGE PARK FL 32073

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its Intangible
Tax filing requirement and elects to do so.
(See criteria on back) ☐

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2000 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

11. OFFICERS AND DIRECTORS

TITLE DP ☐ Delete
NAME LESTER, I RICHARDSON
STREET ADDRESS 101 CANNON CT W
CITY-ST-ZIP PONTE VEDRA BEACH FL 32082

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE DP ☒ Change ☐ Addition
NAME LESTER I. RICHARDSON
STREET ADDRESS 10 SEMINOLE LANDING
CITY-ST-ZIP ATLANTIC BEACH FL 32233

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

04/22/00 904 2806292

Date

Daytime Phone #

CR2E034 (9/99)